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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	US Pat. No. 7,084,381
Filing Date	04/01/2004
First Named Inventor	Davids, Ronald R
Art Unit	3742
Examiner Name	Van, Quang T
Attorney Docket Number	

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 36483

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.**The reasons for this request are:** Robert Stone and Ronald Davids have incurred \$5974.52 in patent and legal fees and failed to make any payments since at least September, 2006 nor does it appear that payment is forthcoming. The address listed below is the last known address that I have.**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Stone				
Address	240 Main Street				
City	Kewaskum	State	Wisconsin	Zip	53040
Country	USA				
Telephone	920-979-0604			Email	bob@firstresponsetechserv.com
Signature					
Name	John K McCormick			Registration No.	53527
Date	11/15/2007			Telephone No.	262-629-5100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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